

Report: DOH SELF ASSESSMENT
STANDARDS FOR PUBLIC HEALTH IN WASHINGTON STATE

34 responses

1				
<p>Rate yourself from 0-3 on each category: 0= NONE 1=MINIMAL 2=SOME 3=FULL IMPLEMENTATION Some questions ask for a Yes (Y) or No (N) response. Please answer for your area of responsibility at the Program, Office or Division level. BASELINE RESULTS FROM 2002</p>				
	YES	NO	Count	Ratio
The baseline results have been received by the program/office	34 (100%)	-	34	100%
Count total	34	0	34	
Ratio	100%	0%		

2					Count	Ratio
	0	1	2	3		
Several people have reviewed the baseline results within the program/office.	1 (3%)	7 (21%)	9 (26%)	17 (50%)	34	100%
Appropriate program/office staff are familiar with the results.	1 (3%)	7 (21%)	10 (29%)	16 (47%)	34	100%
The baseline results are referred to and/or utilized frequently by the program/office.	4 (12%)	13 (29%)	16 (47%)	1 (3%)	34	100%
Count total	6	27	35	34	102	
Ratio	5.88%	26.47%	34.31%	33.33%		

3					Count	Ratio
	PROGRAM/OFFICE/DIVISION WORK PLAN RELATED TO THE STANDARDS					
	0	1	2	3		
A work plan has been developed for improving performance.	6 (18%)	9 (26%)	11 (32%)	8 (24%)	34	100%
The performance improvement work plan is in writing.	13 (38%)	6 (18%)	9 (26%)	6 (18%)	34	100%
There are regular discussions about the performance improvement work plan.	5 (15%)	12 (35%)	11 (32%)	6 (18%)	34	100%
Count total	24	27	31	20	102	
Ratio	23.53%	26.47%	30.39%	19.61%		

4				
	THE PROGRAM/DIVISION WORK PLAN ADDRESSES SPECIFIC DOMAINS/AREAS OF THE STANDARDS:			
	CHECK ALL THAT APPLY		Count	Ratio
	Assessment (Understanding Health Issues)		24	26.97%
	Communicable Disease (Protecting People from Disease)		13	14.61%
	Environmental Health (Assuring a Safe, Healthy Environment)		13	14.61%
	Health Promotion (Prevention is Best: Promoting Healthy Living)		21	23.6%
	Access (Helping People Get the Services They Need)		18	20.22%
		Average	2.96	N/A
		Total selections	89	N/A
		Total Responses	30	

6						Count	Ratio
	AGENCY IMPROVEMENT						
		0	1	2	3		
Management is committed to improve in specific areas of the Standards.	-	3 (9%)	9 (26%)	22 (65%)	34	100%	
Management is committed to improve in all areas of the Standards	1 (3%)	8 (24%)	11 (32%)	14 (41%)	34	100%	
All levels in the program/office are committed to improve on the Standards.	-	9 (26%)	16 (48%)	9 (26%)	34	100%	
Program/office resources are devoted to improve specific areas of the Standards	3 (9%)	5 (15%)	14 (41%)	12 (35%)	34	100%	
Program/office resources are devoted to improve in all areas of the Standards.	5 (15%)	11 (32%)	12 (35%)	6 (18%)	34	100%	
Count total	9	36	62	63	170		
Ratio	5.29%	21.18%	36.47%	37.06%			
Responses	34						

8	We would like training on:	Count	Ratio
	methods of documentation	10	55.56%
	the Standards	2	11.11%
	the assessment tool	1	5.56%
	other (describe below)	5	27.78%
	Average	2.06	N/A
	Total selections	18	N/A
	Total Responses	18	

**DOH SELF ASSESSMENT
STANDARDS FOR PUBLIC HEALTH IN WASHINGTON STATE**

- Comment report

5. The program/division work plan addresses multiple strategies for implementing performance improvement on the Standards. Please describe:

We're improving documentation where needed, developing new activities where needed, and identifying the necessary documentation to meet the standards.
CAH's approach includes discussing the Standards monthly at staff meeting that mirrors the MCH approach. We have looked at trainings measures, documentation and some of the assessment measures. At future meetings we will address the other measures.
MIH has assigned a lead in the section to facilitate the documentation of MIH related public health standards. This includes setting up on our share drive a folder for each standard; assigning a lead staff for each required standard, and regular check-in's at monthly staff meetings regarding progress in documenting activities.
Our work plan involves those areas where we did not fully comply with the standards.
Monthly discussions at MCH Management Team; one manager designated as lead for developing plan, facilitating discussions, setting up P file for filing documentation, and keeping us on track. PH Stds included in MCH Planning and Five Year Needs Assessment work.
Update referenced materials where appropriate; develop prospective tracking tools to prepare for next self-assessment.
Improved documentation of staff competencies/trainings including assessment skills, and understanding about privacy/confidentiality policies.
We have baseline results needing improvement have been incorporated into our strategic plan and we have also developed draft performance measures
Linking improvement against the standards to WIC goals and objectives. Teaming up across the CWP office to improve in the area of training and related documentation.
The division has just completed its strategic plan. There are several strategies that support the PHIP standards and these have been noted in the plan. There are far too many to list here. I would note that the strategic plan itself with its performance measures meets several of the standards.
The Office of Drinking Water is currently assessing standards that received a score of 1 or 0. As a result of this analysis ODW will determine what improvements have been made and what type of work plan is needed to improve performance.
Work plans are included in progress reports for CDC cooperative agreements that we rely on for funding (Public Health Emergency Preparedness and Response, Epidemiology and Laboratory Capacity)
Our areas of focus are agency wide strategic planning, integrating the strategic plan with the PHIP Standards, and assessing our compliance with the Administrative Standards section.
The Office of EMS/TS has a state plan based on the needs and assessments described in the eight regional EMS/Trauma Care plans. Needs and assessments include verification of ambulance/aid services, designation of trauma services, and injury prevention activities, to name a few. In addition, the office is currently working on an EMS registry, partnering with other state agencies, EMS providers, and NHTSA representatives. An EMS Registry will enable the office to gather data throughout the state and will be important in assessment and quality improvement work. The office is also using data from its licensing and certification database to begin to analyze/review trends in attrition of the EMS volunteer workforce. Any future work in this area will involve other parts of the division. Performance Measures currently being developed align with these standards.
OCRH's workplan and general work line up with the assessment and access standards however there is not a conscious effort to develop strategies to make improvements on the Standards
We really only saw room for improvement in one or two areas and we thought that we would have improved by the time the next evaluation. Therefore, we didn't really make a plan. I would need to look up what area

that was in and I cannot prioritize that at this time.
Guidance, CQs and a Workplan specific to fish consumption advisories have been developed and so have addressed some of the deficiencies outlined in the baseline survey. In addition, the EH Strategic Plan includes assessment and education activities specifically targeting populations at risk from exposure to contaminants in fish further ensuring a high priority for this activity as well as performance measurement.
Have been working on training of staff in assessment and staff throughout the office in assessment and evaluation methodologies.
Also working on documentation of training and in data provided to programs for decision making.
These areas will be developed/included in workplan.
DIRM's support for the public health standards crosses all five areas in varying degrees. The most prominent support comes in data assessment and helping to ensure the appropriate data is collected, processed, stored, and retrieved as needed. Ensuring the protection of confidential and sensitive data in all phases is a high priority, and steps are taken already to protect that data as it is transported, processed, and stored.
Making sure electronic services, including information, is available and accessible is also a high priority.
We do not have a workplan per this initiative, but we do have plans and processes to identify the proper data needed for area surveillance, services provided, etc., and to ensure that it is protected as described above.
We also take steps through our ITP process, project development, and other means of communication to identify and use shared data to the maximum extent possible throughout the agency. We still have a considerable way to go, but we as agency seem to be recognizing the need to share certain data and attempting to define data that will be used the same across the several divisions.
Protection of the network, applications, and data through the use anti-spam programs for e-mail, anti-virus programs at the server and desktop levels, protection from intrusion into the DOH network, encrypting data, and other IT security processes as well as via disaster recovery planning, implementation, and restoration are essential components of DIRM planning and operations.
One of the areas of CFH has a written plan that is being implemented throughout the year, with regular discussions at management team meetings. This includes assignment of responsibilities with an expectation that work will be done and reported at the next meeting.
The Immunization Program is in transition and has not had a chance to integrate conversations about standards just yet. This will be built into a long term plan for the program.
The CWP Management Team has begun developing a plan to address the area of the Standards that deals with training/workforce competencies. The CDP&RR MTeam is focusing on the same area and the areas that rec'd a low rating for documentation of processes.
Assessment data is gathered, shared with stakeholders and used to influence program policy. A major goal of the program is to prevent youth initiation of tobacco use.
DOH Comprehensive Emergency Response Plan

7.
HELP NEEDED BEFORE THE NEXT ASSESSMENT
We would like Technical Assistance on:
We would like to have a review of the assessment process, including review on methods of documentation, the tool, etc. It would be good to have this about 6 months ahead of time to make sure we fully understand/remember the process.
Systematic orientation to the public health standards for newly hired staff as part of their DOH orientation; not as a program responsibility.
None.(3)
Understanding what are types of documentation are needed, how do you want the information/documentation formatted and do we need to present a formal work-plan for improving performance.
Writing logic models and performance measures
I am not fully aware of what material was transmitted to the Office of the Secretary following the baseline. I do need a briefing and the ability to review past work.
Methods of documentation (3)
How the administration and entire department plan to have a committed strategy to accomplish the state standards. Effort is underway to help the Local Health Jurisdictions see their role and responsibility however we have not had the same focus at the state level.

The MCH Assessment section supports the MCH programs. As such responsibility is shared for many of these standards. How to allocate responsibility for documenting assessment standards when different sections have different roles as they relate to assessment. (How to be complete but not duplicate efforts)
We will take steps to review the baseline and get more definitive work done to a plan for those activities that are within our sphere of influence. After our internal review and planning, we will probably want to confirm that what we have achieved is acceptable and ensure that we have the required and appropriate output products and processes identified.
This program may need a review of the standards - due to many new staff and new manager coming on board in the next few months.
Rita has been very helpful giving guidance to our CWP MTeam. This has helped us ensure a consistent approach throughout the Office.
Uniform training on risk communication

8. We would like training on:

- 1 methods of documentation
- 2 the Standards
- 3 the assessment tool
- 4 other (describe below)

Need clarification on what substantiates "adequate" documentation.
None. (3)
All program management must have an understanding of the above.
We are not sure if training will be required or whether we will just need confirmation. Training on the standards on a wider basis may well be appropriate. The first round was pretty well limited to only a few staff.
Getting everyone to understand the mission and the importance of public standards would be a good thing and would help in achieving these goals.
Orientation to the Standards for new staff, the changes to the assignment of responsibility, refresher for everyone else. (3)
This is being handled at the office level
Implementation

9. Please describe other types of support needed to improve performance on the Standards

Continue ongoing check-ins with Rita at mteam mtgs - those have been helpful.(3)
Completion milestones
A few more hours in the day and a couple of FTEs -- not all programs have sufficient resources to get mandated, day-to-day work completed, much less make all the improvements required in the standards.
These probably need more frequent attention in our Division Mgmt Team Meetings.
Nothing more at this time (2)
Committed resources and focus across all state programs to address state measures.
Specific training called for in the Standards.
This is being handled at the office level
The OS needs a coordinated approach on implementation and follow through so performance will improve over time. Otherwise, other priorities displace this work.